PTO/SB/06 (08-03)
Approved for use through 7/31/2006, OMB 0651-0032
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٣	DAT	ENT ADDLE	01 1995, no	persons are requ	ired to respon	d to	a collection of inf	ormation unle	ss il displa	ays a valid OMB	control number.
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2)					٦,	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER				ER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))						]		s	OR	Busic	\$740,0
TOTAL CLAIMS (37 CFR 1.16(c))    37 CFR 1.16(c))					1	. X S =		1	162	112	
	EPENDENT CLAI CFR 1.16(b))		·			1		<del> </del>	. QR	x \$ 18 =	18.
	MULTIPLE OFFICIALITY				+	X S=	·	OR	x 87 (7 =	84	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) +s_= OR SPO										080	
If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	<u>.</u>	· OR	TOTAL	1816,0
CLAIMS AS AMENDED - PART II											
ļ	<del>1</del>	(Column 1)		(Column 2)	(Column 3)	,	SMALL E	NTITY	OR	OTHER SMALL	ENTITY '
A	11/7/1-	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI		RATE	ADDI-
II.	*11/1/5	AFTER -AMENDMENT	<u> </u>	PREVIOUSLY PAID FOR	EXTRA	]		TIONAL FEE			TIONAL FEE
AMENDMENT	Total- (37 CFR 1.16(c))	13	Minus	121			x s=		OR	X S =	
<u>W</u>	Independent (37 CFR 1.16(b))	.9	Minus	··· 4	=		x s =		9R ~	x s =	
₹	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	1	+s =		OR		
						J	TOTAL			TOTAL	<del></del>
							ADD'L FEE		OR	ADD'L FEE	<u> </u>
-	(Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST					1	<del> </del>			·	
- B		REMAINING		NUMBER	PRESENT EXTRA .		RATE	. ADDI-	. :	RATE	ADDI-
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Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))						+s =		OR	+ s =	
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	•	(Column 1) CLAIMS,		(Column 2) HIGHEST	(Column 3)	i ı	· 	<del></del>			
		REMAINING .		NUMBER	PRESENT		RATE	ADDI-		RATE	ADDI-
EN		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE			· TIONAL FEE
Σ	Total (37 CFR 1.16(c))		Minus	<b>"</b>	Ξ .		x \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))		Minus		=		x \$=		OR	x \$= ^	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=	•
							TOTAL ADD'L FEE		OR .	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number (ound in the appropriate box in column 1.											
	The "Highest Nu	mber Previously P	aid For" (	Fotal or Independe	of) is the highe	st n	umher found in fl	he approóriale	box in co	lumn 1	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments